#### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913** (608) 356-4895

Document Number Override	Primary Crash Docu	ment # Agenc	y Crash Number <b>968</b>		restigating Officer/Deputy EPUTY T. SUTHERLAND	
Crash Date <b>01/24/2019</b>	Crash Time 09:10 AM	Date A 01/24		Time Arrived 09:30 AM		
Date Notified 01/24/2019  On Emergency Hit	Time Notified 09:13 AM	Total U	Jnits	Total Injured <b>00</b>	Total Kille	d
On Emergency Hit	and Run	Lane Closure	Work Zone	Trailer or	Towed	Reporting Threshold
Government Property	Active Schoo	Schoo NO	Bus Related	Tags		
Reportable	Crash Type DT4000 (STANDA	ARD CRASH)		Amended		Secondary Crash
Description  Diagram					econstruction	
				A	notos By  dditional Infor	mation
Slide	e-off				ONL	
(1884)	)					
ON 01-24-19 OPERATOR WAS W SNOW COVERED ROAD. VEHICL VEHICLE.	ESTBOUND ON STH	I 154 NEGOTIATING A	CURVE IN THE ROAD	WAY. OPERATOR LO		

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Crash Time 09:10 AM

L	_oc	ation									
Ŧ	ON STH154 WB					Latitude			Longitud	de	
	0.52 MI S					43.480217522		-89.952578672			
	OF BUCKEYE RD IN THE TOWN OF EXCELSIOR IN SAUK COUNTY				X Coordinate			Y Coord	inate		
						261217.078125			4818380		
						Structure Type					
						NO STRUCTURE					
(	Cra	sh Scene									
Ī	First Harmful Event					First Harm	nful Event Lo	ocation			
DITCH						SHOULD	DER RIGH	Т			
Ī	Manı	ner of Collision			Light Condition						
L	NO	COLLISION W/VEHIC				НТ					
Road Surface Condition(s)						Roadway	Factor(s)				
	SNC	OW, SLUSH									
-	Envi	ronment Factor(s)					• • • • • • • • • • • • • • • • • • • •				
	WE	ATHER CONDITIONS	<b>;</b>				URFACE	CONDITION	(WE1, IC	CY, SNOW, SLUSH,	
ŀ	Wea	ther Condition(s)									
	SNC	ow .									
ŀ	Anim	nal Type				o Trafficway	,				
					TRAFFICWAY - N			- Jurisdiction			
Ī	Crash Classification - Location										
	PUBLIC PROPERTY Tribal Land					NO SPECIAL JURISDICTION					
					Access Control Special Study NO CONTROL						
-	With	in Interchange Area	Junction Location		Intersection	ction Type AN INTERSECTION					
	NO	in intoronango / iroa	NON-JUNCTION								
ί	Jni	Summary =									
Ť		Status		Vehicle Ope	erating As C	lassification		Unit Type			
	IN T	N TRANSIT D CLASS			;	AUTOMOBILE					
F	Vehi	Vehicle Type				Operating As Endorsements		ments			
	PAS	SENGER CAR									
f	Tota	Occs	Train/Bus # Recorded	Total # Citations Issue		ed Total Trai		ailers Tota		al HazMat Types	
	1			0		0					
Ī	Insu	ance?	Direction Of Travel	Pre	Pre CrashTire		e Speed Lin		Total Lanes		
	YES	3	WESTBOUND	Mark		55			2		
		: Harmful Event: Collision		Special Function NO SPECIAL FUNCTION				Emergency Motor Vehicle Use			
L	DIT							NOT APPLICABLE			
					Traffic Control				Control Inoperative/Missing		
L		D-WAY, NOT DIVIDED ace Type	) 		NO CONTROL  Road Curvature  CURVE RIGHT			Road Grade LEVEL			
		,,	IC/								
ŀ		CKTOP (BITUMINOL k Bus or HazMat	J3)	CORVER			LEVEL				
	NO	N Dus of Flaziviat									
Ī	,	Vehicle									
		License Plate Number		Plate Type	Plate Type		St	Country of Issuance			
ı		ADD8516		AUT - AU			WI	UNITED STATES			
	_	Vehicle Identification Number			Make		Year	Model			
	01						2005	VIBE GT			
		Color		Body Style	NOT A DUC						
	111	WHI - WHITE		4H - HATCHBACK 4 DOOR  Vehicle Damage							
		Initial Contact Point  6REAR		NO DAMAGE							
- 11	$\overline{c}$	Extent Of Damage									
	T	NO DAMAGE			IAGE						
	VEHICL	•		NO DAW	IAGE						

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		Towed Due To Damage		Vehicle Removed By							
		NOT TOWED		OPERATOR							
		What Driver Was Doing NEGOTIATING CURVE		Vehicle Factors							
				NOT APPLICABLE							
		Driver Actions	_								
_	Щ	SPEED TOO FAST/CON	D								
UNIT	ᅙ										
5	VEHICL										
	>										
		Owner Name NATHANIEL BRUCE ANDERSON (608) 415-8283		Owner Address 300 HOLTZ ST ROCK SPRINGS, WI 53961, US							
7	6										
		,			•						
		Seguence Of Events									
	,	Sequence Of Events Event	<b>S</b>								
	9	DITCH									
	01	Event									
	02										
	03	Event									
	0										
	94	Event									
⊨	ı	Policy Holder									
UNIT		Insurance Company		Individual							
		SECURA-INS-A-MUTUAL-CO		NATHANIEL ANDERSON							
	ı	ndividual									
		Driver NATHANIEL BRUCE ANDERSON (608) 415-8283		Citations Issued	Sex						
	7			0	MALE						
	Ď			Date of Birth	Race WHITE						
	INDIVIDUAL			Debugal issues Muselson	*******						
5	ā	Address 300 HOLTZ ST		Driver License Number							
	Z	<b>ROCK SPRINGS, WI 539</b>	961 , US	STATE: WISCONSIN COUNTRY: UNITED STATES							
		On Du	ity Crash	Safety Equipment							
	Saf	fety Equipment Seat Position									
				SHOULDER & LAP BELT							
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY									
			Helmet Use		Helmet Compliance						
				Helmet Compliance							
		Helmet Use		·							
				Helmet Compliance  Tint Compliance							
		Helmet Use  Eye Protection	Soverity	Tint Compliance							
01	001	Helmet Use  Eye Protection  Injury 3	Severity	Tint Compliance Airbag							
01	100	Eye Protection  Injury NO A	PPARENT INJURY	Tint Compliance	Trapped/Extricated						
10	100	Eye Protection  Injury NO A	PPARENT INJURY  Ejection Path	Tint Compliance  Airbag  NON DEPLOYED	Trapped/Extricated NOT TRAPPED						
10	001	Eye Protection  Injury NO A	PPARENT INJURY	Tint Compliance  Airbag  NON DEPLOYED							
01	001	Eye Protection  Injury NO A  Ejected NOT EJECTED	PPARENT INJURY  Ejection Path	Tint Compliance  Airbag  NON DEPLOYED	NOT TRAPPED						
01	100	Eye Protection  Injury NO A  Ejected NOT EJECTED  Medical Transport	PPARENT INJURY  Ejection Path	Tint Compliance  Airbag  NON DEPLOYED	NOT TRAPPED						
10	001	Eye Protection  Injury NO A  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital	PPARENT INJURY  Ejection Path  NOT EJECTED/NOT APF	Tint Compliance  Airbag  NON DEPLOYED  PLICABLE  EMS Agency Identifier	NOT TRAPPED  EMS Run #						
01	100	Eye Protection  Injury NO A  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital	PPARENT INJURY  Ejection Path	Tint Compliance  Airbag  NON DEPLOYED  PLICABLE  EMS Agency Identifier	NOT TRAPPED  EMS Run #						
01	100	Eye Protection  Injury Injury NO A  Ejected NOT EJECTED Medical Transport NOT TRANSPORTED Hospital  Distracted By	PPARENT INJURY  Ejection Path  NOT EJECTED/NOT APF	Tint Compliance  Airbag  NON DEPLOYED  PLICABLE  EMS Agency Identifier	NOT TRAPPED  EMS Run #						
01	001	Eye Protection  Injury NO A  Ejected NOT EJECTED  Medical Transport NOT TRANSPORTED  Hospital	PPARENT INJURY  Ejection Path  NOT EJECTED/NOT APF	Tint Compliance  Airbag  NON DEPLOYED  PLICABLE  EMS Agency Identifier	NOT TRAPPED  EMS Run #						

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		Non Motorist Striking Unit #	Location				
		Prior Action					
TINO	INDIVIDUAL	Action					
		Action Other					To/From School
	L	Drug & Alcohol NO	ol Use	Suspected Drug Use NO			
		Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	e		Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN	Drug Test Type		Drug Test Results	5	
9	001	Drug Type					
		Individual Condition  APPEARED NORMAL					